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Women and Alcohol: Key Issues





■ Background

Scottish Health Action on Alcohol Problems (SHAAP) and the Institute of Alcohol Studies (IAS) co-hosted a four-part seminar series to discuss issues relating to women and alcohol. The events were held across 2017 in Edinburgh and London and were intended to stimulate debate, challenge attitudes and perceptions, and encourage people to think about future research and policy priorities. Each seminar focused on a specific topic relating to women and alcohol and was chaired by an eminent academic who invited guest speakers to present personal responses to pre-set questions. This paper draws out and expands upon discussions from the seminars and has been compiled and written by Victoria Troy and Dr Eric Carlin.

SHAAP provides the authoritative medical and clinical voice on the need to reduce the impact of alcohol-related harm on the health and wellbeing of people in Scotland and the evidence-based approaches to achieve this.

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IAS is an independent institute bringing together evidence, policy, and practice from home and abroad to promote an informed debate on alcohol's impact on society. Our purpose is to advance the use of the best available evidence in public policy decisions on alcohol.

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■ Seminar Outline

Seminar 1: Women, Alcohol, and Globalisation

Chair: Dr Cecile Knai

Speakers: Katherine Brown; Lucy Rocca; and, Dr Alison Mackiewicz

Questions:

- *How does alcohol marketing influence women's behaviours?*
- *How does alcohol marketing influence attitudes towards women?*
- *How does alcohol affect women in different social and cultural contexts?*

Seminar 2: Women, Alcohol, and Empowerment

Chair: Professor Dorothy Newbury-Birch

Speakers: Pennie Taylor; and, Elaine Tait

Questions:

- *What role does alcohol play in the empowerment of women?*
- *What drinking choices do women in leadership roles have?*
- *What responsibilities do women in leadership roles have in relation to alcohol?*

Seminar 3: Women, Alcohol, and Stigma

Chair: Dr Judith Mackay

Speakers: Dr Marsha Morgan; Diane Goslar; and, Dr Cliona Saidléar

Questions:

- *Should certain women not drink?*
- *Functioning alcoholic: The modern woman?*
- *Women on women: Our own worst enemies?*

Seminar 4: Women and alcohol: What's next?

Chair: Dr Sally Marlowe

Speakers: Katherine Brown; Vivienne Evans; and, Professor Maria Piacentini

Questions:

- *How will women be affected by alcohol in the future?*
- *How can alcohol-related harms to women be prevented and/or reduced?*
- *How do we strike a balance between individual responsibility and state intervention?*

■ Recommendations

Recommendations for Research

- Better collaboration between researchers, practitioners, women's rights groups, and those with lived experience of alcohol related harm.
- Research should be undertaken to identify interventions including, small scale and local activities, which have been implemented in an attempt to reduce alcohol related harm to women. This research will provide an understanding of the types and content of interventions available and can be used to establish a basis for research where the effectiveness of these interventions can be assessed.
- Rigorous research should be undertaken to improve understanding of how alcohol marketing is used in social media and how this and other forms of new technology could be regulated.
- Research should be undertaken to explore how the French 'Loi Évin' might be adapted to the UK context.

Recommendations for Policy

- Population level policies that restrict price and availability of alcohol are needed.
- Restrictions should be in place for all forms of alcohol marketing, including online, which employ sexualised and disrespectful images and messaging relating to women.
- To combat exploitative marketing within the night-time economy, it may be beneficial to review licensing legislation and enforcement options.
- Drawing on research evidence, legislation comparable to the 'Loi Évin' model should be implemented.
- More needs to be done to educate women about the alcohol industry's aims and how they are using marketing strategies which subvert feminism and manipulate women.
- Ensure that reliable and credible public health information about alcohol is available and accessible to all women. This information should be free from the influence of commercial operators.

Recommendations for Service Providers

- All alcohol-related services should aim to provide increased availability of/improved access to women only spaces.
- There should be increased availability of residential treatment and recovery support for women and children.
- There should be increased availability of services, including online, where women can access support, while remaining anonymous.

■ Speakers

Katherine Brown

Chief Executive of the Institute for Alcohol Studies (IAS) in London. Katherine joined IAS from the Central Office of Information where she had worked on a variety of public health communications campaigns and spent time within the strategic communications unit at the Office of the Prime Minister. Katherine is a history graduate of the University of Exeter and was awarded MSc with distinction in Global Health and Public Policy by the University of Edinburgh. Her specialist area of research is commercial sector involvement in public health governance, with a particular focus on the WHO strategy for reducing the harmful effects of alcohol.



Vivienne Evans

Chief Executive of Adfam. Vivienne has dedicated her career to supporting and improving outcomes for those affected by drugs and alcohol. She has had a varied and interesting career primarily working in practice-based settings although she also chaired the Advisory Council on the Misuse of Drugs which shows her extensive knowledge of the drug field. Given her experience, Vivienne provides a vital perspective relevant to both policy and practice.



Diane Goslar

A qualified librarian and sociologist with post-graduate qualifications in French. After teaching and translating French, Diane spent several years working in research and public relations and set up her own PR practice. However, her career was brought to an abrupt end because of her alcohol issues. Following detoxification, Diane has been involved with the Royal College of Psychiatrists and is part of several committees. She has written several articles on what it is like to be addicted where she describes her experiences of addiction, her detoxification process, and the role of professionals. She is also an advocate for mental health policy reform. Diane sits on the steering committee of the National Institute of Health Research's group which examines alcohol-related liver disease and regularly attends the Westminster Social Policy Forum both as a delegate and a panel member. Diane also contributes to the training of medical health professionals by regularly talking about her experience of alcohol addiction to 4th year medical students at St George's Medical School.



Dr Cécile Knai

Associate Professor of Public Health Policy at the London School of Hygiene & Tropical Medicine. Her background is in food and nutrition policy. She completed a Masters degree in Public Health Nutrition at the University of California at Berkeley, then worked at the WHO Regional Office for Europe in Copenhagen in the food and nutrition unit for several years. She wrote her PhD at LSHTM on soft drinks as a risk factor for childhood obesity in Latvia and Denmark, exploring and comparing the behaviour of the food/drinks industry and the policy response in very different socio-political contexts. Cécile is currently involved in research on the involvement of unhealthy commodity industries (including processed food and alcohol) in public health governance. Most recently she participated in the evaluation of the Public Health Responsibility Deal in England, including analyses on the effectiveness of the alcohol pledges. Current projects include research on the French Évin Law on tobacco and alcohol marketing, and food systems analysis in South Africa and India.



Dr Judith Mackay

A medical graduate from Edinburgh University, Scotland. She has lived in Hong Kong since 1967, initially working as a hospital physician, then since 1984 concentrating on public health, especially tobacco control. She is Senior Advisor, Vital Strategies/ Bloomberg Initiative to Reduce Tobacco Use; Senior Policy Advisor to World Health Organization; and Director of the Asian Consultancy on Tobacco Control. Judith's primary focus has been on tobacco control in low-income countries; and tobacco and women. She has developed extensive experience in working with national governments and health organisations in Asia in developing comprehensive tobacco control policies. She has published over 200 academic papers and addressed over 500 conferences worldwide and has authored or co-authored several atlases.



Dr Alison Mackiewicz

Lecturer in the Psychology Department at Aberystwyth University. Alison is an early career researcher with an interest in Identity and Consumerism. Her PhD entitled: 'New' femininities in the culture of intoxication: exploring young women's participation in the night-time economy, in the context of sexualized culture, neo-liberalism and post feminism, was submitted in 2012. Within her PhD, Alison explored how femininities are taken up, reworked, and resisted within the dominant discourses of agency and consumer-orientated subjectivity and how these intersected with issues of sexuality, gender, power, and class. Her research documented the lived-experience of women's negotiations of sexiness and alcohol consumption in the 21st Century.



Dr Sally Marlow

Public Engagement Fellow based in the Addictions Department at Kings College London. As part of her role, Sally is responsible for initiating, developing and delivering media and public engagement initiatives, and artistic collaborations, to support the strategic direction of the Addictions Department, and the Institute of Psychiatry, Psychology and Neuroscience and King's College London more widely. In addition to being an expert advisor to the BBC, Sally has her own research portfolio. Her main interests include addiction and its links to mental health, particularly in women; mental health issues in children and adolescents; and how the arts can contribute to addiction and mental health in innovative ways.



Dr Marsha Morgan

A medical graduate from Manchester Medical School. Marsha also undertook specialist training in Gastroenterology in London and joined Professor Dame Sheila Sherlock in the Department of Medicine at the Royal Free Hospital School of Medicine, initially as a Research Fellow but subsequently as Lecturer and then Senior Lecturer in Hepatology. Following the merger with University College London, she was promoted to Reader in Medicine and subsequently is currently a Principal Research Associate. She has been involved in the development of five major NICE documents and was awarded the 2015 Max Glatt Memorial Medal for her work in alcohol addiction. Marsha's interest in alcohol misuse and alcohol-related liver disease, alongside her 300+ publications, has resulted in appointments to several prestigious organisations. Marsha is currently engaged in research on the genetics of alcohol-related liver injury.



Professor Dorothy Newbury Birch

Professor of Alcohol and Public Health Research at the Health and Social Care Institute at Teesside University. Dorothy leads a team of researchers and postgraduate students and her overarching research programme aims to reduce the risks and harms of alcohol in society. Specifically, her research focuses on reducing the risks of alcohol for those in the criminal justice system, and young people. Dorothy is particularly interested in how we narrow the gap between academics, practitioners and service users. To date she has been involved in over 100 publications and has been a principal investigator co-applicant on over £13 million in research grants from national and international sources including the Home Office, Department of Health, MRC, NIHR (HTA and PHR) and FP7-HEALTH-2010.



Professor Maria Piacentini

Professor in Consumer Behaviour at Lancaster University. Maria's research and teaching lie in the field of consumer behaviour, specifically focusing on consumers coping with marketplace challenges. From this theoretical position, her research has centred on contexts of public policy concern (e.g. vulnerable consumers; alcohol consumption; healthy eating). Maria has published her research in top international journals in both marketing/consumer behaviour and the social sciences, and her work is widely cited in a range of publications across both discipline areas. She is also a member of various international and national scholarly networks, including the Transformative Consumer Research (TCR) network and is a co-chair for the Consumer Research and Wellbeing Studies (CRAWS) network.



Lucy Rocca

A heavy and regular 'binge drinker' for her entire adult life up until the age of 35. Disguising an ever-growing dependency within the realms of acceptable social drinking norms, she did not consider her problem to extend to one of being 'an alcoholic' but knew, nonetheless, that she was not in control of alcohol. After a particularly heavy 'binge' that landed her in hospital she decided to quit drinking altogether and went on to found Soberistas.com in November 2012 - a social network website aimed at women with alcohol dependency issues. In the last four years Lucy has written five books on the subject of alcohol dependency, and now works full time as editor and director of Soberistas.



Dr Cliona Saidléar

Executive Director of Rape Crisis Network Ireland (RCNI). Within her role, Cliona works to advance national policy initiatives across a range of government departments and inter-agency fora to improve the responses to survivors of sexual violence and to work towards prevention. Cliona drafted the Irish national guidelines on awareness raising and has led on rethinking approaches to education and awareness work within the sector. She is also engaged in strategic partnerships to integrate sexual violence into sexual health strategies and initiatives across government, non-government and student body structures. Cliona has commissioned research, chaired and convened international conferences, and partnered with academia to develop and support best practice and analysis. Before the RCNI she was employed with a political party and a nursing organisation after she completed her doctoral thesis with the Department of International Politics in Aberystwyth.



Elaine Tait

Chief Executive Officer at the Royal College of Physicians of Edinburgh and has been for the last 17 years. Elaine has had a varied career and has experience of working across numerous health boards and within both private and higher education sectors. Elaine has worked in the quality, public health and commissioning divisions of the NHS as well as being a hospital manager in the acute sector. She has led the Scottish Clinical Research and Audit Group for the Chief Medical Officer at the (then) Scottish Executive. In addition to her role as CEO, Elaine is also a lay member of the Law Society of Scotland's Regulatory Committee and is a Lay Associate with the General Medical Council where she participates in quality assurance activities including visiting health boards and hospitals around the UK.



Pennie Taylor

Award-winning freelance journalist and broadcaster who specialises in health and care issues. Pennie was BBC Scotland's first Health Correspondent. In addition to this, she has worked on the news desks of a number of newspapers including Scotland on Sunday and the Sunday Herald, a title that she helped to launch. Pennie has also been Head of Communications for the-then Lothian University Hospitals NHS Trust and has inside knowledge of how public services work, which gives her a uniquely informed perspective from which to approach and stimulate debate.



Seminar 1: Women, Alcohol, and Globalisation

The first seminar was entitled 'Women, Alcohol, and Globalisation'. The purpose was to discuss how globalisation, and in particular, alcohol marketing, impacts women's drinking patterns and influences social attitudes towards female consumption of alcohol.

Alcohol is a major international commodity and as such is purchased and consumed everywhere in the world (Babor et al., 2010). Globalisation has allowed for alcohol to be sold internationally with relative ease and this has provided increased possibilities for leading brands to extend into new markets (Jernigan, 2009). As a result of this, the alcohol industry has evolved from a relatively small and local industry to one which is dominated and controlled by only a handful of multinational corporations which offer a selection of global alcohol brands. It was argued that as with the production and sale of all commodities, the primary aim of alcohol producers is to increase profits through increased consumption. The economies of scale achieved through globalisation and the emergence of global alcohol brands has enabled the alcohol industry to invest a great deal of money and energy into marketing their products to new consumers. As such, alcohol marketing has a direct influence on alcohol consumption and public health.

Alcohol marketing, much like the marketing of any product, relies on the four 'P's': Price; Product; Placement; and, Promotion (Henriksen, 2012). Discussions focused on how alcohol marketing is specifically targeted at women across each of these domains and how marketing aimed at enticing women to buy and consume alcohol is often based on stereotypical notions of femininity. For example, in terms of product, it was argued that sweet, pink, low calorie alcoholic drinks have been designed explicitly with women in mind as they are designed to appeal to stereotypically feminine tastes.

The way women feature in alcohol advertising was discussed and a series of images were used to illustrate specific paradoxes in the way women are portrayed depending on to whom the product is marketed. When marketing is targeted at women, it was argued that the aim is to establish a link between alcohol and empowerment, and many images displayed showed an attempt to associate alcohol consumption with strength, success, and happiness. Marketing targeted at men often depicts women as sexual objects, and images shown provided vivid examples of this. It was suggested that the sexist portrayal of women as submissive is not a new phenomenon and that this depiction has

historical roots (see Sirr, 2015 for a focused description of how alcohol advertisements objectify women). It was proposed that advances in gender equality have meant that alcohol products, alcohol marketing, and drinking spaces now need to appear more '*female-friendly*' and this is why alcohol marketing has begun to link alcohol with empowerment and equality; especially when the product is being targeted at women (Griffin et al., 2013). The idea that alcohol can, and should, be associated with empowerment and equality was disputed by all panellists who argued that the basis of many alcohol advertising campaigns and marketing is to objectify women and embed patriarchal notions of femininity.

Lucy Rocca provided a very personal perspective to the discussion by discussing the discrepancies between the way alcohol is marketed at women and the real-life experience of addiction. She described her own experiences of being dependent on alcohol and spoke about how her own drinking and that of her peers had been influenced by the rise of a '*ladette culture*' that normalised drinking to excess (Griffin et al., 2013). She suggested that '*binge drinking*' cultures have influenced young women's alcohol consumption to a greater extent than older women's and argued that for many middle-aged women '*everyday drinking*' is often more problematic. The rise of everyday drinking was linked to the frequency of alcohol promotion in popular TV shows where alcohol is associated with success and attractiveness. This type of marketing normalises everyday drinking and can result in fewer people paying attention to or understanding the health risks associated with regular drinking. A qualitative study investigating drinking during mid-life indicated that middle-aged women were more likely to consume alcohol in their homes than in pubs and clubs (Emslie, Hunt, and Lyons, 2011) and this may also account for the shift to everyday drinking noted by Lucy.

Aspects of '*non-traditional*' alcohol marketing, such as alcohol marketing online and marketing through social media, were highlighted as key concerns. Online alcohol marketing is becoming an increasingly important component of the industry's marketing strategy and has been heavily invested in because it reaches extremely wide audiences, can foster user engagement, and is extremely difficult to regulate and control (Winpenny, Marteau, & Nolte, 2013). '*Non-traditional*' aspects of alcohol marketing within the context of the night-time economy were discussed and examples of how pubs and clubs use free marketing via social media (e.g. branded photos and discounted drinks for liking and sharing content) to encourage user interactions and increase exposure to their venues was provided. It was argued that the night-time economy places a great deal of emphasis on a hyper-sexualised femininity where beauty, confidence, and sexual competence are seen as advantageous and as desirable characteristics, to which women need to conform. Overtly sexualised displays of femininity are often encouraged and rewarded within

the night-time economy and examples were provided to show how these messages appear in online and social media marketing. These kind of marketing strategies not only exploit women but can also be detrimental to women's internalised attitudes and personal reflections about themselves; especially if they do not fit the model prescribed (Griffin et al., 2013).

In addition to discussions about alcohol marketing, the conversation focused on tensions around how women and their drinking habits are portrayed by the media. It was argued that, despite drinking less than men, women who choose to drink are continuously demonised in the media. Whilst this is not a new phenomenon (see Day, Gough, McFadden, 2004), a recent content analysis reporting on UK media outlets, indicated that women who drink are typically characterised as being out of control and unnecessarily risky (Patterson, Emslie, Mason, Fergie, & Hilton, 2016). The way the media portray women who drink is at odds with alcohol marketing strategies which associate drinking with empowerment and equality. These conflicting messages, combined with double standards in how men's and women's drinking behaviour is viewed, perpetuates problematic discourses around femininity.

Within the general discussion, there was agreement that much more needs to be done to regulate alcohol marketing and to reduce the affordability and availability of alcohol products. A number of suggestions were made as to how UK policy can be improved, and emphasis was placed on working collaboratively and learning from strategies used to regulate the marketing of tobacco. There was also general consensus that '*lifestyle*' messages should be banned from alcohol marketing. Attendees suggested that it might be helpful to consider approaches taken in other countries (e.g. the '*Loi Évin*' in France) and look at how these could be adopted for use within the UK. Several suggestions indicated that policy should be framed around a firm narrative based on protecting children. It was also agreed that alcohol should in no way be associated with sporting or cultural events and that legislation should be in place to limit alcohol sponsorship to protect children and young people. At the individual level, there was agreement that more should be done to educate women about the strategies which subvert feminism and manipulate women.

■ Seminar 2: Women, Alcohol, and Empowerment

The second seminar was entitled '*Women, Alcohol, and Empowerment*'. The purpose was to discuss the relationship between alcohol and the empowerment of women, including considering how women in leadership roles negotiate alcohol.

Traditionally leadership roles have been reserved for men and although there are many high profile female leaders across industry today, there remains many barriers that limit women's progression to top positions (Levitt, 2010). In addition to progression barriers, women who make it into leadership positions face many challenges to fit in and be accepted. These positions have long been dominated by men and as a result are entrenched in masculine cultures to which women are unable to adhere (Eagley, 2007). It was recognised that for many women in leadership roles there is an expectation and pressure for them to adopt traditional male habits and "keep up with the men"; however, this is problematic in relation to drinking behaviours. Drinking behaviours considered acceptable for men and women are often at odds with each other, making it difficult for women to negotiate these masculine practices whilst simultaneously adhering to stereotypical notions of femininity. For example, "drinking, getting drunk, and being able to 'hold your drink' have long operated as key markers of masculinity" (Griffin et al., 2013; P.5) whereas women's drinking has been characterised as unfeminine, immoral, and unrespectable (Rolfe, Orford, & Dalton, 2009).

To inform her talk, Elaine Tait conducted her own research, where she spoke to women in a variety of leadership positions to ask them what role alcohol had played in their empowerment. Elaine's conversations highlighted that women in leadership roles chose to drink for several reasons, including "to fit in" with a majority male team; to relieve the pressures of highly stressful jobs; and, because of work-related functions and hospitality events which tend to revolve around alcohol. Pennie Taylor also reflected on this and acknowledged that her own drinking behaviour has been influenced by the heavy drinking culture that existed within her field as a journalist. She insisted that the drinking culture had been "enormously good fun" and her choice to drink was one that she made "no apology for". However, despite being comfortable with her own moderate drinking habits now, she was conscious of the media's negative spin on women's alcohol consumption and public perceptions of women's drinking. She argued

that the representations of women who drink had created an intolerant and confusing paradigm, which on one hand encourages women to drink, yet on the other, leads to disempowerment and difficulties for women to be open and honest about their relationship with alcohol.

Although much of the discussion focused on women in professional roles the speakers raised concerns about this narrow definition and argued that all women find themselves in leadership roles at some point in their lives, whether it be as a friend, sibling, mother, colleague, or boss. Based on these broader definitions of what it means to be a leader it was suggested that all women regardless of profession have a responsibility as a role model to younger women. For many women this responsibility can be difficult and can lead to drinking choices being based on identity and image management, rather than on health risks.

Within the general discussion, there was debate regarding the differential pressures that men and women face in regard to drinking and identity management. There was a general consensus that alcohol does not necessarily empower women, but can entrap them as they feel the need to follow in the footsteps of their male predecessors. It was agreed that women, especially those in male dominated professions, face a great deal of pressure to engage in drinking as a way to fit in whilst simultaneously being conscious of how their drinking behaviours are perceived by others. In addition to this, there was agreement that class and age play a significant role in the discourses used to describe women's drinking behaviour and that this has a major influence on women's mental health and help-seeking behaviours. Discussions indicated that mixed messages regarding alcohol guidelines and research are problematic and that these inconsistencies need to be addressed. It was considered essential that the UK does not try to become a 'nanny state' as this would be counterproductive and would stop people engaging with or listening to health messages. In terms of the future, it is necessary to challenge misrepresentations of women and alcohol by making clear the health consequences of alcohol consumption and moving away from moralistic arguments and discourses around women and alcohol. From the attendees, there was general agreement that more needs to be done at a structural level, rather than at an individual level, and that steps should be taken to ensure health messages regarding alcohol risks are clear, consistent, and research based.

■ Seminar 3: Women, Alcohol, and Stigma

The third seminar was entitled '*Women, Alcohol, and Stigma*'. The purpose was to challenge some common misperceptions about women and alcohol and to discuss how stigma can influence policy and practice.

To begin the session, Judith Mackay provided an in-depth presentation which outlined the similarities and differences between alcohol and tobacco policies. She highlighted a number of achievements made in relation to tobacco control and discussed how advances within the tobacco field can be used to improve alcohol policy. Particularly important was her emphasis on public health messaging, which she argued should have a dedicated focus on women. Within this, the importance of focussing on the rights and health of women in their own right and not just those of expectant mothers was emphasised. Unfortunately, the latter is common practice in alcohol health messaging for women (Bell, McNaughton, & Salmon, 2009). It was suggested that differing needs of women across the life course need to be considered, to ensure appropriate and targeted messages are delivered. In line with recommendations from previous seminars, it was suggested that messages should emphasise health implications of alcohol, rather than being based on outdated sexist and/or moralistic arguments.

A generally accepted understanding of stigma is that it encompasses negative stereotypes which leads to individuals or groups being marginalised or discriminated against (Link & Phelan, 2001; Kulesza et al., 2016). Throughout the previous two seminars, there was a strong consensus that representations of, and attitudes towards, men's and women's alcohol use are very different and that women are much more likely to be the victims of double standards (i.e. there is generally less acceptance of women's drinking, and women who drink are more likely to be portrayed negatively compared to men). Double standards is a commonly referenced problem within academic literature on gender and alcohol use (De Visser & McDonnell, 2011; Sanders, 2012) and was one of the reasons why the organisers chose to dedicate a session to women and stigma.

The questions and briefings for this session were deliberately provocative because the organisers wanted to encourage debate and challenge stereotypical views about women. There was a wide-ranging discussion about women's rights and responsibilities in relation to their drinking behaviour. Concerns were raised about whether the decision to focus exclusively on women and stigma inadvertently reinforced rather than challenged stigmatising discourses about women who drink. Importantly though,

each of the speakers disagreed with the idea that particular groups of women should not drink, and instead, focussed their discussions on circumstances which might influence people's decision to consume alcohol more generally. Specific legislative and work-based policies dictate conditions under which people should avoid drinking (for example, drink-driving legislation). Individual and familial risk factors can, and should, influence people's drinking choices. Only Diane Goslar suggested that there were particular groups who should abstain from drinking, and these included people with "an addictive nature" or vulnerable people, which she described as those with emotional or psychological problems. Diane justified her arguments based on her own experience of addiction and of having tried but failed to moderate her drinking behaviour for some time. Diane rationalised her comment that vulnerable people should not drink by arguing that alcohol often exacerbates difficulties and leads people into problematic drinking patterns which can worsen mental health and wellbeing.

It was suggested that differences between what were described as '*functioning and non-functioning alcoholics*' are dependent on an individual's initial cognitive functioning and whether or not the person is alcohol-dependent. It was argued that '*functioning alcoholics*' tend to be people with a high cognitive reserve and those who do not yet show signs of dependency. Although gender was deemed to play little to no role in dependency, it was acknowledged that women with alcohol problems often experience disadvantage in the work place and are at an increased risk of being dismissed. Increased risk of dismissal may be due to inequality in the workplace rather than having anything to do with how they function. Diane defined a '*functioning alcoholic*' as a person who drinks to excess but is able to perform adequately in their role; whatever that role may be (e.g. employer, employee, mother, partner, or friend). She suggested that '*functioning alcoholics*' are simply better able to conceal their addiction to themselves and others, but argued that the ability to do so is often short lived. Diane justified her position by talking about her own experience of losing her job, embarrassing her friends and family, and her experience of alcohol related brain damage. She provided an extremely honest and thought-provoking account of her experience of alcohol addiction and discussed in detail the devastating impact it had not only for herself but also for her family and her friends.

Marsha Morgan suggested that based on her own experience, drunk women seem to engage in reckless and deviant behaviour more frequently than drunk men, and that behaviour like this has contributed to increased stigma towards intoxicated women. This led to debate from panellists and attendees about '*women blaming*'. Cliona Saidléar was able to provide a unique perspective to this discussion which was based on her experience of working with and advocating for women who have experienced gender-based violence, in particular sexual assault and/or rape. To provide context to the discussion, Cliona

began her talk by acknowledging that many people in her field are too scared to talk about the association between alcohol and sexual assaults because of fear that they be accused of victim blaming. She argued that this is because information about alcohol and sexual assault is most often framed in a way that endorses or legitimises '*victim blaming*' discourses, or to differentiate between '*worthy*' and '*unworthy*' victims. To illustrate this, Cliona provided a number of examples of prevention campaigns and public safety adverts which endorse '*victim blaming*' discourses and ideas that suggest women are somehow responsible and/or blameworthy for the actions of men. She argued that there is a tendency to focus on the actions taken by women to prevent sexual assault, and rarely a focus on the context, and that, by doing so, we are giving women responsibility for things they have no control over – e.g. we are giving them responsibility not to get raped. Cliona argued that these approaches reinforce '*rape culture*' by suggesting that it is a women's responsibility to manage her risk and that the same messaging is applied to a number of contexts which contribute towards stigmatising attitudes about women. Discourses like this neglect the cultural factors which have led to an unequal and patriarchal society. By continuing to focus on women's individual risk and responsibility, we will continue to embed an endless cycle of stigma because we are not addressing the right issues.

Within the general discussion, it was largely accepted that most prevention campaigns focus too much on individual responsibility and risk management strategies. This was seen as being an inefficient way to support or empower women. There was general agreement that more needs to be done to tackle misogynistic discourses that have become embedded in public opinion. Many of the women in attendance provided personal stories and used these examples to argue that more attention should be placed on changing cultures rather than changing individual behaviours. A number of people suggested that working collaboratively with third sector and women's rights organisations may help to improve both policy and practice.

Seminar 4: Women and Alcohol: What Next?

The fourth and final seminar was entitled '*Women and Alcohol: What Next?*' The purpose was to discuss how women might be affected by alcohol in the future and to make recommendations that could inform future policy and practice.

Recent evidence indicates that whilst there has been an overall decrease in alcohol consumption, women's drinking levels have begun to catch up with men's drinking levels. Young women (16-24-year olds), in particular, are increasingly likely to report frequent episodes of '*binge drinking*' compared to men of the same age (ONS, 2017). It was suggested that, if these risky drinking patterns continue, women are likely to face many health and social problems in the future. Concerns were raised about the impact that excessive drinking may have on incidences of cancer, especially breast cancer, and the lack of public understanding about the association between alcohol and cancer. This lack of understanding may be because the UK government is failing to provide people with reliable, credible, and independent sources of information. The lack of public information about the new Chief Medical Officers' low risk guidelines was highlighted as an example of this. In addition, it may be because the government is not providing the public with evidence-based information in routine and accessible forms. A recent report has shown that information provided by industry supported bodies can mislead the public about the link between alcohol and cancer by denying the link exists, by distorting and playing down the evidence, or by distracting attention away from the link by focusing too heavily on unchangeable risks rather than lifestyle factors which people can control (Petticrew, Hessari, Knai, & Weiderpass, 2017). This can have huge consequences for people making informed decisions. There was a general agreement that the alcohol industry should have no role in education or health promotion.

Vivienne Evans used her long and varied experience of working with families affected by alcohol use to explore the strengths and limitations in current treatment and support options. She highlighted several improvements that she has witnessed over the years, especially in relation to the public's understanding of alcohol related health risks, which, she argued, has occurred due to better evidence and better health campaigns. However, she pointed out that there continues to be an increase in the number of people negatively affected by alcohol. It was suggested that this is related to increased availability and affordability

of alcohol, and therefore legislation to tackle these issues needs to be prioritised.

In addition to health concerns, the speakers focused on how research and policy need to address the social harms associated with alcohol advertising, especially in relation to the sexual objectification of women. It was argued that current laws do not do enough to protect women. It was agreed that we cannot neglect the impact that anti-gender-equality messages have on children and wider society, and there were calls for stricter advertising and licensing laws as well as more stringent enforcement.

Controlling alcohol marketing within social media was considered an important priority for policy to reduce alcohol harm. Social media enables the integration of brands into consumers' cultural spaces and practices (Carah, Brodmerkel, & Hernandez, 2014). Research has shown that social media can encourage and normalise alcohol consumption as well as enhancing positive experiences associated with drinking, because it allows people to share alcohol fuelled stories and memories with friends (Brown & Gregg, 2012). The alcohol industry uses social media to create a one to one interaction with consumers and much of the content is generated by users which makes regulation and enforcement difficult (Brodmerkel & Carah, 2013). The rise in so called '*raunch culture*' (Levy, 2005), related to the sexualisation of women in night time spaces was discussed. It was argued that the night time economy supports and perpetuates this '*raunch culture*', normalising the objectification of women. This can in turn normalise sexual harassment and assaults (Rogan, Piacentini, & Szmigin, 2016).

It was agreed that finding ways to regulate social media marketing should be a priority. However, it was acknowledged that there are inherent difficulties associated with the speed and transient nature of online advertising. It was suggested that there should be renewed emphasis on harm reduction strategies that prioritise women's safety and, importantly it was agreed that more research is needed to audit and evaluate the effectiveness of small scale, local campaigns. Emphasis was placed on the need for better policies and legislation on price, availability, and marketing of alcohol. Restrictions on marketing and better training for enforcement bodies were identified as key interventions which could help reduce social harms. It was agreed that there needs to be more research into the relationship between women and alcohol across contexts and cultures, and particularly in relation to the association between alcohol and domestic abuse/sexual assault. All the panellists advocated for better working between academics, politicians, and women's groups as a way to further understanding of these important issues and improve outcomes for women.

There was an acknowledgment that women are not only far more likely than men to receive condemnation for their own drinking but are also more likely to be

disproportionately affected by other people's alcohol consumption. It was recommended that renewed focus be placed on developing and delivering gender specific support for those affected by alcohol. The re-introduction of women only treatment services was advocated for by many of the attendees.

Within the general discussion, it was agreed that procedures need to be in place to allow better sharing of information between researchers, policy makers, health practitioners, and women's rights groups. There is a specific need to map the use of small initiatives across the country, to introduce more effective ways of researching effectiveness, and to work collaboratively to enhance the quality and dissemination of research. In line with previous seminars, there was a call to adopt more stringent legislation around marketing. The 'Loi Évin' in France was highlighted as a model which could be adapted for use in the UK. New approaches will be required to regulate alcohol marketing online. To combat exploitative marketing within the night-time economy it may be beneficial to review licensing legislation and enforcement options.

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